

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 868729	RECEIPT DATE:	06 / 21 / 01
IA NUMBER:	PCT/ SE99 / 02385	IA FILING DATE:	12 / 16 / 99
FAMILY NAME:	ANDERSSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ALF	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 21 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	ANDERSSON 13	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2026285197
			FAX
NAME:	ROGER L BROWDY		
	BROWDY AND NEIMARK		
STREET:	624 NINTH STREET NW SUITE 300		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	20001
EMAIL:			
APPLICATION TITLES:			
	DEVICE AND METHOD FOR CONTINUOUS MIXING		

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5197

SERIAL NUMBER 09/868,729	FILING DATE 06/21/2001 RULE	CLASS 366	GROUP ART UNIT 1723	ATTORNEY DOCKET NO. ANDERSSON 13	
APPLICANTS Alf Andersson, Odakra, SWEDEN;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/SE99/02385 12/16/1999 CC					
** FOREIGN APPLICATIONS ***** SWEDEN 980442-3 12/21/1998 CC					
** SMALL ENTITY **					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>CC</i> Examiner's Signature <i>CC</i> Initials		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
ADDRESS 001444					
TITLE <i>TITLE Change paper # 75</i> Device-and-method-for-continuous-mixing					
FILING FEE RECEIVED 662	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		